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THE DELAWARE STATE MEDICAL SOCIETY AND ITS FOUNDERS IN THE EIGHTEENTH CENTURY*

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PRESENTED AT THE ANNUAL MEETING OF THE
AMERICAN ACADEMY OF MEDICINE, NEW
YORK, N. Y., OCTOBER 28-29, 1885

DR. G. W. K. FORREST: Gentlemen, I will give you the reason for presenting this paper. It is the fact that I have had it in my possession for the last twenty to twenty-five years. It is a paper written by Dr. L. P. Bush, whom most of us remember as being a very active man in the practice of medicine in Wilmington, a Christian, scholarly gentleman much interested in all things pertaining to medicine and science, as well as other things. It is a well-prepared paper and leads us from the early foundation of the Medical Society up to the time of 1885.

I talked with Dr. P. W. Tomlinson, who, on the occasion of his fiftieth year in the practice of medicine, delivered a wonderful address on the Medical Society of Delaware and its members from the period of 1885 up to the present time. I almost persuaded Dr. Tomlinson to follow this paper, the one I will present today, with a paper next year that will cover the period of forty-four years.

We had in mind at the same time that we might mention, following the paper as you will hear it, the great advances that have been made in medicine since the presentation of this paper. Dr. LaMotte, in his President's address, beat us to it, so we can't incorporate that next year. You see what I mean by that, but even as long ago as the early foundation of this Society, one hundred and forty years ago, Dr. Edward Miller and other men of the time were grasping for the truth that we have learned to be truth at the present time.

With those few preliminary remarks, I will read the paper. I want it preserved for our modern archives and printed in the JOURNAL so we may have it and so it may be a permanent record. I was afraid the pamphlet I had might be lost.

The Delaware State Medical Society is one of the oldest institutions of the kind in the United States. I am not aware that it is antedated by any one except the Massachusetts Medical Society. It was incorporated in the year 1789, February 3d, by the Legislature of Delaware, on behalf of the following corporators, resident physicians of the State—viz.: John McKinly, Nicholas Way, Jonas Preston, Ebenezer Smith, George Monro, Thomas McDonough, Joshua Clayton, Ezekiel Needham, James Tilton, William Molleston, Edward Miller, James Sykes, Nathaniel Luff, Robert Cook, Matthew Wilson, Joseph Hall, John Marsh, John Polk, John Stephens Hill, Julius Augustus Jackson, William McMechen, Henry Latimer, James McCallmont, Joseph Capelle, Archibald Alexander, Henry Peterson, and Levarius Hooker Lee.

The name and title of the Society as conferred by the Legislature was, and still is, "The President and Fellows of the Medical Society of Delaware," and its powers were such as are usually granted to such corporations.

In pursuance of the Act of Assembly, the first meeting of the Society was held at Dover, Delaware, May 12, 1789. It was called to order by Dr. James Tilton, who was unanimously elected chairman pro tem., and Dr. Edward Miller was chosen secretary. A committee consisting of Drs. Preston and Miller was appointed to prepare a draft of a constitution. The committee reported in the evening, and the constitution was ratified, after which the following persons were elected officers of the Society for the ensuing year:

President—James Tilton, M. D.

Vice-President—Jonas Preston, M. D.

Secretary—Edward Miller, M. B.

Treasurer—James Sykes.

Censors—Nicholas Way, M. D.; Matthew Wilson, M. D., D. D.; Joshua Clayton; Nathaniel Luff.

In May, 1790, Dr. Edward Miller delivered the first anniversary oration before the Society in Dover, according to appointment, for which the Society tendered a vote of thanks. The special subject of the oration is not mentioned in the minutes.

The Society early showed its public spirit by raising a fund for the presentation of a premium upon some subject of general medical or hygienic interest. The first subject proposed and adopted was expressed in the following words:

"What is the origin and nature of the noxious power which especially prevails in hot and moist climates during summer and autumn, and produces intermittent and remittent fevers, and certain other diseases; and by what means may this insalubrity of climate be corrected, and the diseases thence arising be most successfully prevented and treated?" and in the Latin language as follows:

Quaenam sit potentia nocens, ejusque origo atque natura, unde, in regionibus calidis, iisdemque humidis, intermittenetes oriuntur febres, re-

* Read before the Medical Society of Delaware, Farnhurst, October 9, 1929, by Dr. George W. K. Forrest.

mittentes etiam, variaque alia mala, quae aestatis et autumnus tempore grassari solent; quae ratione hoc coeli vitium corrigi possit; quo parto, quibusque auxiliis istiusmodi morbi arceri atque tractari debeant?

A "program" containing the conditions to be observed by the competitors, whether in the United States or elsewhere, was published in both the English and Latin languages, and it concluded as follows:

"The interesting nature of this question must appear on the most cursory observation. A large portion of the earth, and especially those countries which otherwise enjoy the richest blessings of nature are, from this cause, annually subject to sickness and depopulation. And it may be safely affirmed, that of all the sources of disease incident to mankind, this is one of the most extensive, malignant and fatal.

"A successful investigation of the origin and nature of this morbid principle would greatly enlarge the boundaries of science, and advance the comfort and happiness of society, and whoever shall discover a certain and easy method of correcting its virulent effects, while he renders a splendid service to medical philosophy, will have a just claim to the applause of his contemporaries, and to the gratitude of posterity.

"The Society acknowledges and laments the obscurity which involves this question, trusting, however, that this objection, though formidable at first view, will deter no person from an inquiry so pregnant with importance, ability and reputation. The obscurity, how great so ever it may be admitted to be, implies not any absolute inscrutability.

"At the same time that the Society deprecates the censure of the learned world for the indulgence of expectation, which eventually may prove to have been over-sanguine, it still hopes that the discovery now contemplated is within the reach of the human mind, assisted by the enlightened views of modern science, and animated by the enterprise and ardor which distinguish the present inquisitive and philosophic age."

(Signed)

EDWARD MILLER, *Secretary*.

This "program" is also recorded on the minutes in the Latin language.

In thus presenting this interesting question in the duplicate form in which it appears upon the

minutes of the Society, I wish to substantiate a claim which might be made in favor of the high culture, enterprise and desire for the honorable advancement of our profession, which existed in the Delaware Medical Society nearly one hundred years ago. It was a most creditable step on the part of the Society to propose a prize-dissertation on this obscure subject; and it does not derogate from the scientific character of its Fellows, that the paper or papers presented were, after a critical analysis, which is recorded in the minutes, decided to fail of successful competition, on account chiefly, as stated by the committee, "of the assumption of many facts without evidence, the want of experimental inquiry, and the defect of all original discovery."

This same inquiry might to-day be proposed in this Academy; for with all the light which has shone upon our profession from the scientific researches instituted at home and abroad, no answer has yet come which is more satisfactory to the medical mind of the age, than was the dissertation of which I have just spoken to the committee of the Delaware Society.

At various meetings, either on their introduction as members, or subsequently, the following were among the subjects on which papers were presented by the members: Dr. Snow on "Ophthalmia"; Dr. Barrett on "The Influenza"; Dr. Capelle on "The Taenia in the Bowels of Rats"; Dr. Tilton on "Cholera Infantum"; Dr. Theo. Wilson on "Phthisis Pulmonalis"; Dr. David Bush on "Small-Pox"; on an "Epidemic of Bilious Colic in Dover", on a case of Typhus Fever, on a case of Hydrocephalus Internus successfully treated by Mercury, on Cholera Infantum, on Succedanea for Peruvian Bark; by Dr. Edward Miller.

It is recorded in the minutes of one of the meetings in 1795 that a printed communication was received from Dr. Samuel L. Mitchell, Fellow of the Royal Society of Edinburgh, and Professor of Chemistry, Natural History and Agriculture in the College of New York, entitled, "Remarks on the gaseous oxide of azote, or nitrogen, when generated in the stomach, inhaled into the lungs, or applied to the skin; being an attempt to ascertain the true nature of contagion, and to explain thereupon the phenomena of fever."

At the same meeting a paper was presented by Dr. Edward Miller, entitled, "A cursory view of

the question whether the noxious power producing intermittent and remittent fever originates from a deficiency of oxygen gas, or the generation of a positive poisonous gas in certain insalutary portions of the atmosphere." The result of the examination of this paper by the committee has been already stated.

In 1791, Dr. James Sykes delivered by appointment the anniversary oration; in 1793, Dr. David Bush fulfilled the same appointment; in 1795, Dr. Laws; Dr. Allen M'Lane in 1812; and in the same year a paper was presented by Dr. Harris "on the final cause of the diseases, death and dissolution of the human body." In 1823, Dr. M'Lane was appointed to deliver a eulogy on the life and character of Dr. James Tilton, which, with the oration of Dr. Wm. D. Brinckle on Medical Education, was published by the Society; and in 1824, Dr. J. F. Vaughan read a memoir on the Life of Dr. James Sykes, which was also printed. These are but a few of the deliverances before the Society in its earlier history. To carry them further would only be wearisome.

The original charter of this Society only contemplated an association for the promotion of the unanimity and scientific and practical advancement of the profession of medicine in the State. But at the instance of the Society, the Legislature, in the years 1819-20-21-22 and 35, conferred upon the Society the authority to appoint annually a body from their own number, to be called the "Board of Medical Examiners," with power to permit any applicant to practice medicine and surgery within the State, upon the presentation of a diploma conferred by a reputable college of medicine, or who otherwise submitted to a full, strict, and impartial examination by the Board, and read a satisfactory thesis upon some medical subject; and the Assembly also imposed a penalty upon anyone who should practice medicine in the State without proper authority from this Board. The charters of this Society and of the Board of Medical Examiners still exist, although the powers of the latter have been much restricted since the year 1835.

With a few intervals of torpor, the society has continued in active operation up to the present time, exercising a beneficent social as well as professional influence by striving to maintain the standard of medical requirement and of moral character; and thus, as we think, its labors have not been in vain.

In the history of our State I have not been able to find a record of a physician of any eminence before the time of Doctor Henry Fisher. In the year 1725, he emigrated to this country from the city of Waterford, Ireland. The ship in which he came, after encountering many dangers during a protracted voyage, anchored in the roads of Lewes, Delaware, and he, with several gentlemen, landed at the town for recreation. But he was so well pleased with the place and its surroundings, including the broad bay and ocean in full view, that he concluded to make it his residence. He had left a young wife at home; and he at once sent for her to join him in his selected home in the new world. In a short time she came over and landed at New Castle, whence she traveled on horseback to her destination. Dr. Fisher soon obtained an extensive and lucrative practice, being sent for from Kent County and Maryland for counsel in serious cases of disease. He stood unrivalled in his profession, being the only regularly educated physician in Sussex County during his life. Governor Penn, hearing of his eminent reputation, wrote frequently to him to come to Philadelphia, a compliance with which would no doubt have been followed by wealth and the enjoyment of the best society of the country; but he declined the tempting proffers, and lived and died in the place of his first love. He was a gentleman of much taste, and adorned his seat at Lewes in the English style, rendering it so pleasant and beautiful that his neighbors styled it "a paradise." He died in 1748, leaving his widow, two daughters, and a son, Henry, who continued to reside at Lewes, and became a prominent citizen, and of valuable assistance both to the merchants of Philadelphia, and also to the Government of the United States, during the Revolution, by the early communication of information which he received, through his pilot and whale boats, in the conspicuous place he occupied, so favorable for ascertaining the early approach of a foreign foe. The facts of this sketch are from Huffington's Register.

James Tilton was born in the County of Kent, State of Delaware, in the year 1745. His father, who died when he was only three years of age, left but a small estate, sufficient, however, to enable his mother to afford him the opportunity of a classical education at Nottingham Academy, Maryland, then justly celebrated for its excellent discipline and culture, under the Rev. Samuel

Finley, afterwards President of Princeton College. On leaving Nottingham he entered the medical department of the University of Pennsylvania, and was graduated in the year 1771, six years after the organization of the medical department of the University. He immediately entered upon the practice of his profession at Dover, Kent County, Delaware, and was beginning to achieve a reputation for ability and conscientious devotion to his duties when the engrossing agitation of the subject of the independence of the United States seized upon him. In 1775 he addressed a letter to his friend and classmate in the University of Pennsylvania, Dr. Jonathan Elmer, of Bridgeton, New Jersey, upon the critical condition of affairs in this country, and expressed his determination, if the Colonies should take up arms, to offer his services in their defense. He afterwards showed his earnestness and sincerity by becoming the First Lieutenant of a Company of Light Infantry; but after the Declaration of Independence he was appointed surgeon in a Delaware regiment. He was with the United States forces at Long Island and White Plains, and in the subsequent retreat to the Delaware River. In 1777 he was in charge of the General Hospital at Princeton, New Jersey, where great neglect and consequent suffering existed among the troops, he himself narrowly escaping death from an attack of fever contracted there.

Said he, "It would be shocking to humanity to relate the history of our General Hospital in the years 1777 and '78, when disease swallowed up at least one-half of the army, owing to a fatal tendency in the system to throw all the sick of the army into a general hospital, whence crowding, infection, and general mortality resulted, too affecting to mention."

Convinced that much of this was owing to the union of the Directing and Purveying Departments in the same person, he afterwards wrote as follows: "I mention it without a design to reflect on any man, that in the fatal year, 1777, when the Director-General had the entire direction of the practice in our hospitals, as well as the disposal of the stores, he was interested in the increase of sickness and consequent increase of expense, as far, at least, as he would be profited by a greater amount of money passing through his hands."

In the winter of 1779-80, the sufferings of the sick in the tent hospitals was very great, and although an improved system, free from overcrowding, was recommended by Dr. John Jones, Professor of Surgery in King's College, New York, it had not been adopted. Doctor Tilton was at that time in charge of the General Hospital in Trenton, N. J., and to him has been ascribed the origination of a new system of hospital construction by the erection of log huts, roughly built, so as to admit of free ventilation through the crevices. The floors of these buildings were hardened clay, and each was intended to accommodate not more than six men. The fireplace was in the centre, and the smoke escaped through a hole at the top. The result reached his highest expectations; the typhus fever patients rapidly improved, and the plan was generally adopted.

In a letter written by General Washington, September 9th, 1780, he says: "I have heard that a new management is about to take place in the medical department, and that it is likely to be a good deal curtailed in respect to many of its present appointments. Who will be the persons generally employed I do not know, nor do I wish to know; but I will mention that I think Dr. Cochran and Dr. Craik, for their services, abilities, &c., have the greatest claim to their country's notice. Doctors Latimer, Tilton, Hagan and Townshend, who are now senior surgeons, are also gentlemen of great merit, and have a just claim to be continued."

In September, 1781, through the exertion chiefly of Dr. Tilton, an act was passed by Congress providing for promotion by seniority in the medical corps.

About this time Dr. Tilton was elected a Professor in the University of Pennsylvania; which honor he declined, unwilling to desert his situation in the service of his country.

After the surrender of Cornwallis at Yorktown he returned to his native State, and recommenced the practice of his profession in Dover in 1782. He was a member of Congress in 1782, and repeatedly served in the Legislature of his own State.

Finding that the influence of malaria, then so abundant in Kent County, was undermining his health, he removed to Wilmington, New Castle County, and there resumed his profession. Soon afterwards he was appointed by the Government Commissioner of Loans, which was a great relief

pecuniarily, as he had both entered and left the army without money. This office, however, he soon relinquished on account of a change of the National Administration, with which he did not coincide.

With a reputation well established, his professional services were much sought; and the highest confidence was reposed in him both by his patients and professional brethren, as a most honorable man and judicious physician. He continued thus in full practice for several years, when, having purchased a small farm adjoining the town, he removed thither. On this delightful spot, which commands a view of the Delaware, Christiana, and Brandywine rivers, with the town and also the intervening country of many miles in breadth, so beautifully interspersed with fields and woods, he built his house of the blue granite which underlies the ridge, and there removed, expecting to be permitted to enjoy his remaining years, disengaged from the more arduous duties of his profession. Fond of horticulture and pomology, he adorned his grounds with flowers and fruits, and here he administered to the diseased, or entertained his friends at his frugal but hospitable table, upon the products of his own farm.

At this time most of the surgeons who had acquired reputation in the War of the Revolution were either superannuated or had died, and the Government of the United States, having declared war with Great Britain, remembered his valuable services to the country, and, recalling him to her aid, appointed him Surgeon-General of the army of the United States. After much reflection and with much reluctance, on account of his age and impaired health, he consented to afford his ripe experience and sound judgment to his country, having received assurance that his duties would be chiefly administrative, and his headquarters generally at Washington.

At the outbreak of the War of 1812, Dr. James Mann, of Massachusetts, had been appointed Hospital Surgeon, and was ordered to superintend the Medical Department of the Northern Army, in executing which he had immense difficulties to encounter. At that time great sickness and suffering existed in the Northern and Eastern divisions of the army.

At Greenbush, where some two to three thousand troops were usually stationed in 1812, from one to seven or eight hundred were on the sick list in the autumn with diarrhoeas, dysentery,

measles, fevers, pneumonia. Supplies were abundant, but no proper administration was exercised from want of any executive head of the bureau; and the hospital officers had no rank to protect them in the performance of their duties.

Says Dr. Harvey C. Brown, in his historical notes of the medical department of the army: "The experience of the campaign during the fall of 1812 and the winter of 1812-13 convinced Congress of the necessity of a more thorough organization of the Staff Department, and on the 3d of March an act was passed of which the following is the Seventh Section, "And be it further enacted that for the better superintendence and management of the hospital and medical establishment of the army of the United States, there shall be one Physician and Surgeon-General, with an annual salary of two thousand five hundred dollars, whose duties and powers shall be prescribed by the President of the United States." This was the position for which Dr. Tilton was selected.

At the outbreak of the war he had prepared a work entitled "Economical Observations on Military Hospitals, and the Prevention and Cure of Diseases Incident to the Army;" in which he elaborated the plan for hospital organization presented by him to Congress in 1781. In this work he condemns the practice which had hitherto prevailed of conforming to the organization which obtained in the European armies. This was the first publication on this subject which had been written in this country as the result of personal experience. From the Medical Repository for 1813, the following summary of its contents is extracted:

"Dr. Tilton does not distinguish medical officers into physicians and surgeons, but considers them one, or the other, as circumstances may require. He proposes to establish a Medical Board in each military district, or separate army, to be composed of two or more hospital surgeons, and several regimental surgeons. This Board is to have a field officer to sit as Chairman, and to meet monthly, or oftener if necessary, by general order, to regulate the concerns of that department. This Board is to examine and appoint in all vacancies of hospital and regimental mates, with the consent of the commanding officer; to examine candidates for hospital surgeons, and recommend them, and to establish rules for the medical department. The oldest hospital surgeon is to be the Director of general and regi-

mental hospitals in the army or district where stationed, and to act as prescribing surgeon, without interfering in commissarial duties. He will thus be called to visit and superintend the several establishments for the sick within his charge. This arrangement is intended to prevent impositions upon the Government, and hereafter to provide surgeons adequate to their respective duties."

Instead of establishing extensive and costly buildings, he proposed to extend the circle of regimental practice, and diminish the scale of hospital practice; thus, if possible, to prevent disease and ward off infection. Having a harmonious understanding between the surgeons of the army, and a proper regulation of the Medical Board, he hopes to keep in check any disposition to throw the sick into general hospitals beyond moderation and propriety, whereby they must become crowded, producing the inevitable consequences of camp, jail, typhus, or hospital fevers, from which armies have suffered more than from their enemies.

The wisdom and value of these suggestions at that time is manifest from a reference to the state of the army during the Revolutionary War; for although some of the best physicians of our country, including Drs. Rush, Shippen, Walter Jones, Morgan, Turner, Burnet, Potts, Cochran, Cutter, Craik, Warren and others of like character, were engaged in the service of the country, the existing regulations of the medical department of the army had too often proved insufficient to accomplish the ends desired, in the maintenance of the health of the troops, the preservation of the sick from the low fevers which proved so fatal, the harmony and efficiency of the department, and the security of the Government from speculation.

On the acceptance of this appointment, Dr. Tilton considered it his duty to visit and inspect the hospitals on the Northern frontier. At Sackett's Harbor he found that the troops under General Dearborn, which had been concentrated during the winter, had been visited by severe sickness, and that the hospitals were filthy and neglected as to their hygienic condition. He immediately convened the Medical Board, broke up the hospital there, and established it at Watertown, twelve miles distant.

Along the Northern frontier he introduced his hospital regulations, and the benefits were soon visible in the improved health of the army. Of

the second visit contemplated to the North he was disappointed by the occurrence of a tumor on his neck, and on the disappearance of this, a formidable tumor attacked his knee, which, after causing much suffering, necessitated the amputation of his thigh. This operation was performed December 7, 1815, at his residence, probably by Dr. Physick, assisted by Dr. Smith, of Wilmington, and others. He bore the amputation with surprising fortitude and calmness, expressing no sign of suffering, although then just beyond seventy years of age. In a sketch of his life Dr. Allen McLane, of Wilmington, remarks: "An intimate friend of the Doctor, who was present on this painful occasion, says: 'For several days and nights after the amputation I had the gratification of watching with and comforting him in his lonely, bachelor's abode, where the balm of female tenderness and sympathy never mitigated a pang or compensated for a woe, but where masculine aids, rough as they are, were alone employed to sooth and cheer the scene.'"

It will be perceived from this that Doctor Tilton never married. A kind, noble, and generous heart dwelt within his breast; although from his tall and angular exterior, and a brusque and not very attractive manner, strangers might have been led to a very different conclusion. At the basis of his conscientiousness in the discharge of his duties to his country and to his patients, lay a deep and strong faith in the Holy Scriptures.

He was a member of and a constant attendant upon the services of the Presbyterian Church in Wilmington, Delaware; and the writer of this sketch well remembers his tall form, as he moved along the aisle of the church, assisted by his crutch, rendered a necessity by the amputation above mentioned.

Fond of his friends, both male and female, he was always glad to see and entertain them, not only by his genial and intelligent conversation, but with the "Virgilian Feast," as he styled it, provided from the products of his own soil. From this, too, he chiefly drew the material which constituted his plain homespun clothing, made for comfort, and not for display, and contrasting strongly with the brilliant court dress of the representatives of other nations, when he was present at the Levees in Washington. Regarding true worth of character as better than riches or fame, he dispensed to young men his influence and counsel for their encouragement in the beginning of their career and by his example he led them to

admire and seek after such honorable results as had been attained by him.

Doctor Tilton departed this life May 14th, 1822, in his seventy-seventh year, peacefully and trustfully; and the community in which he lived and died united in a common expression of regard for his character and labors and of sorrow for his loss.

About the year 1857 his remains were disinterred, and deposited in the Wilmington and Brandywine Cemetery; and the Delaware State Medical Society took measures for erecting a monument to his memory by the appointment of a committee, of which the late Dr. Henry F. Askew was chairman. This memorial now stands in that burial place, a fitting tribute to a great and good man. Besides the work on Military Hospitals above mentioned, Dr. Tilton prepared and had published the following papers: "Observations on the Yellow Fever"; "Letter to Dr. Duncan on Several Cases of Rabies Canina"; also a second one on the same subject; "Observations on the Curculio"; "On the Peach Tree and Its Diseases"; "A Letter to Dr. Rush Approving of Bleeding in Yellow Fever"; and Oration in 1790 as President of the Delaware Society of the Cincinnati; Queries on the Present State of Husbandry in Delaware.

The subject of his Thesis for the degree of Bachelor of Medicine was "Respiration," and his Inaugural Dissertation for the degree of Bachelor of Medicine was "Respiration," and his Inaugural Dissertation for the degree of Doctor of Medicine in 1771 was "Hydrops."

He also published his observations "On the Beneficial Effects of Sea-air upon Children Suffering from Cholera Infantum or Chronic Diarrhoea," and recommended the town of Lewes, Delaware, as a proper place of resort in such cases.

Some of these papers were read before the Delaware Medical Society, and some published in the Medical Repository.

I am indebted to a memorial address delivered by Dr. Allen McLane, of Wilmington, Delaware, before the State Medical Society in 1823, for many of the facts in the foregoing paper; and to Dr. Toner, of Washington, for a part of the above list of Dr. Tilton's papers.

Dr. Edward Miller, one of the incorporators of the Delaware State Medical Society, was born near Dover, Delaware, in the year 1760. He was the son of Rev. John Miller, A. M., who re-

moved from Boston, Massachusetts, to Dover, where he resided forty-three years, in charge of the Presbyterian Church. He was a ripe scholar, and well versed in the Hebrew, Latin and Greek languages. His son, Edward, received his primary training in classical literature with his father, and afterward accomplished a collegiate course at Newark Academy, Delaware, under the tuition of Rev. Drs. Francis Allison and Alexander McDowell. His medical studies were commenced in the office of Dr. Charles Ridgley, of Dover, but before he had concluded his studies his patriotism got the better of his fondness for his adopted profession, and he entered the army as surgeon's mate, and afterwards as surgeon to an army ship. On his return home, he resumed his studies at the University of Pennsylvania, and was graduated in medicine in 1785, the subject of his thesis being "De Physconia Splenica."

He then returned to Sussex County, to enter upon the practice of physic. At the first session of the Delaware Medical Society he was called upon, although then only five years from his graduation, to deliver the Inaugural Address. In 1793 he prepared a paper defending the theory of the domestic origin of yellow fever, then for the first time prevalent in Philadelphia, a copy of which he sent to Dr. Benj. Rush, who was led from its perusal to declare its author "second to no physician in the United States."

In 1796 he removed to New York, and there, in conjunction with Dr. Mitchell, and Dr. Elihu Smith originated the Medical Repository, the first medical journal issued in the United States. This work everywhere bears the marks of his genius and cultivation, by the brilliancy of his style, his lucid arguments, his originality, and varied knowledge.

He became "Port Physician of the City of New York," "Professor of the Practice of Physic" in the University of New York, one of the physicians of the New York Hospital, and a member of the Philosophical Society of Philadelphia. His reputation and the attractiveness of his writings brought him into correspondence with eminent men in Great Britain, Germany, and France.

In the Medical Repository of date A. D. 1800 Dr. Miller published some observations on cholera infantum in which he recommends calomel and opium in that disease, in a different form from that prescribed either by Drs. Cullen, Rush, or

Physick. Believing the liver to be involved materially in the production of the disease which bore that name, and considering that opiates, and aromatics alone were merely temporizing remedies, he suggested the use of calomel in addition, in small doses; to wit, for a child two years of age, opium gr. 1-6, calomel gr. 1-3, every two, three, or four hours as required.

I apprehend that anyone who has thus used these remedies in the same, or even smaller doses, will not be disposed to controvert the propriety of this treatment.

In another paper he elaborated the importance of "abstemiousness" in warding off the effects of the malarial poison, and also its value as a remedy.

Another paper is devoted to the "Medical Laws of Evidence," which he considered necessary to set forth in consideration of the deceptions which everywhere abounded on this point; and more especially as physicians were often accused of a culpable indifference to improvements, so-called, in the treatment of disease, when they hesitated to believe the stories of wonderful remedies and wonderful cures, which were so frequently propagated in every community, and often gained belief in the minds of respectable and judicious men.

The course of his remarks shows that in that day, as well as in the present, nostrums were foisted upon the community as specifics, and certified by judges, clergymen, and other estimable members of society.

In the year 1793 Dr. Miller wrote to Dr. Rush setting forth the views which he entertained of "The Domestic Origin of Yellow Fever; and Its Non-Contagiousness," and in 1806, while Port Physician of New York, he reiterated the convictions which he still retained, after having passed through the epidemics of 1798 and 1803.

He objects to the agency of contagion for the following reasons: "First, no relation is observed between the source of the pretended contagion and the spreading of the disease to individuals and families; nor was there ever any successful attempt progressively to trace the propagation of it to any number of persons from the first case or from any single point of infection.

"Second:—The pretended contagion is admitted to produce no effect in our climate except in particular situations, and at a particular season of the year, when an impure and noxious atmosphere, which ought of itself to be considered as a sufficient cause, is acknowledged to exist. But

to consider a disease as contagious, which at the same time exhibits no appearance of that quality, but in certain climates, in such climates only in certain places, at such places only in certain seasons, and even at such seasons only after a particular degree of heat and moisture, is undoubtedly to lose sight of all the established properties and laws of contagion.

"Third:—It is admitted that the disease does not spread when the sick are removed from the impure air in which it was contracted.

"Fourth:—No communication of the disease was ever observed in yellow fever hospitals, situated at a small distance from the cities to which they belong.

"Fifth:—The extinction of the disease by cold weather is an insuperable objection to the doctrine of its propagation by contagion.

"Sixth:—Yellow fever does not prevail in countries where the heat is not sufficient to exhale the miasmata of foul grounds and other corrupting matters in the requisite quantity and virulence.

"Seventh:—Persons contracting the disease in New York, and dying in remote places, did not communicate the disease to their attendants.

"Eighth:—The universal exemption of the physicians of New York, amounting to 50 or 60 persons, from the disease of 1805.

"Ninth:—The failure of every attempt to arrest the disease by removing the sick, while leaving the well in their homes."

"If it were possible," says he, "to add anything to the evidence of these irresistible facts, I might subjoin that yellow fever cannot be considered a contagious disease; because, unlike all other contagious diseases, it has no specific character, no definite course or duration, and no appropriate, essential, or pathognomonic symptoms; because the supposed contagion rarely operates singly, and in general depends on the co-operation of exciting causes; and finally, because the miasmata which produce this disease are more or less noxious, as they are more or less concentrated, a property which does not belong to the specific contagion of smallpox or other contagious diseases."

"Under the conviction of these facts, I am," said he, "compelled to conclude that this disease is absolutely and universally non-contagious."

These views, so clearly and forcibly expressed, will at the present day be strongly controverted

by some, and as strongly advocated by others. The prevailing sentiment would limit these conclusions of Dr. Miller to personal contagion, but reject them when applied to fomites, when carried within the yellow fever belt; thus acknowledging the infectious nature of the disease.

Doctor Miller was a decided disciple of the school of Brown and Darrow, and his reasoning was often based upon its doctrines. Looking forward from this standpoint, he remarks, "If the sick could avail themselves of the utmost efficacy of water, it might perhaps become as universal an extinguisher of fever as of fire. The use of cool air in fevers forms an era in the history of medicine. The use of water, cold, tepid, or hot, so as to suit the varying degrees of heat intended to be diminished or increased, may form an era of greater importance."

It is unnecessary to say what degree of advocacy these views have obtained at the present day.

The death of Dr. Miller, which took place March 17, 1812, at the age of 52 years, was universally lamented, and by no one, outside of his own relations, more than by Doctor Rush.

A few days after his death, his brother, Rev. Dr. Samuel Miller, received the following letter of condolence from Doctor Rush:—

"Philadelphia, March 19, 1812.

"My Dear Friend:—

"Col. McLane communicated to me in a short note yesterday morning the distressing intelligence of the death of my much-beloved and invaluable friend. It afflicted me in the most sensible manner. He was very dear to me, not only from his uncommon worth, but also because he was my early and uniform friend. In an intercourse of thirty years, I never saw anything in him that was not calculated to excite affection, esteem, and admiration.

"During the confederacy of my brethren against me, in the memorable years in which the yellow fever prevailed in our city, he openly advocated my principles and practice, and by the weight of his name, and the learning and ingenuity of his publications, contributed very much to their establishment in our country. Judge of my affection for him, and the value I placed upon his integrity and friendship, when I add that, four or five years ago, in a private interview in my own house, I committed my lectures and manuscripts to him, to be revised by him, and published or destroyed, as he saw proper, after my death. He received this communication with a good deal of emotion, and promised to fulfill my wish in case he should survive me.

"But why do I complain of the loss I have sustained by his death? Science, literature, humanity, the United States, have all been deprived of one of their strongest pillars and most beautiful ornaments. They will long, very long, deplore his early and premature removal from the high and useful station he filled in life. They now mingle their tears with yours and mine.

"When the late Rev. Dr. Kennett, of Freehold, heard of the death of his friend, Dr. Finly, he cried out, 'I feel as if I had lost by broadside. He was my brother. I could have gone to prison and to death with him.'

"I imagine we both feel disposed to adopt the same affectionate and passionate expression in revolving in our minds the uncommon virtues and attainments of our departed friend and brother. His death has rendered the republic of medicine a solitude to me, for he filled a place in my bosom which no physician in our country is able, or if able, not willing to occupy.

"Ah! Dr. Miller, Dr. Miller, my son, my friend, my brother!"

On another occasion, after speaking of his intellectual ability and acquirements, he says: "But his principal merit was of a moral nature. The charm that was constantly diffused over his countenance and manners was the effect of the habitual benevolence of his temper. The silence of pain and the eye of hope which took place in his patients the moment he sat down by their bedside were produced not more by their conviction of his skill than by their unlimited confidence in his sympathy and integrity; and the affectionate attachment and esteem of his friends were founded in the belief that his deeds of kindness were not simply the effects of spontaneous feeling, but the result of a heartfelt sense of moral obligation. Let the professors and students of the healing art, and the lovers of science everywhere, deplore the death of this excellent physician and excellent man. Let the friends of humanity drop a tear over his untimely grave. In the records of illustrious men who have promoted and adorned the science of our country, Dr. Miller will always maintain a distinguished rank." Such is the testimony to the worth of Dr. Miller by that truly great man, Dr. Rush.

Doctor Miller possessed all the qualities of mind and heart appropriate to the successful and accomplished physician. His thorough acquaintance with the masters of literature in the Latin and Greek, as well as with those of our own language, combined with his native talents, made him one of the most perspicuous writers on medicine of his own or any subsequent period, an emi-

nence which was accorded to him by the highest authorities of his day.

Says Dr. Thatcher: "His moral qualities were worthy of no less praise than his talents, learning, and professional skill. From his earliest youth he appeared not only to abhor everything directly and openly dishonest, but even to recoil with the most delicate sense of moral obligation from every species of intrigue and questionable dealing." Although not a member of any church, he cultivated his religious sentiments, especially in the latter years of his life, by a devout study of the Holy Scriptures, a principle of action doubtless inculcated by his excellent father.

Such is the inheritance which was bequeathed by this admirable physician to his brethren, which makes it so appropriate that it should be perpetuated even much more ably than has been done in this feeble manner.

As to the other physicians whose names are found among the incorporators of the Society, I will only mention three or four, that of Joseph Philippe Eugene Capelle, who was born in Flanders, came to this country with Count Rochambeau, and was placed on the staff of General Lafayette. It is said that when Lafayette was wounded in the battle of Brandywine he declined the offered services of Doctor Capelle, remarking that they were more urgently needed by the many wounded soldiers.

After the war he settled in Wilmington, Delaware, where he died in 1796 honored and lamented.

Dr. Nicholas Way was a native of Delaware, and a graduate of the University of Pennsylvania, class of 1771. After practising his profession in Wilmington until 1796, he returned to Philadelphia and was appointed by Washington to the directorship of the U. S. Mint. He died from yellow fever in 1797.

Dr. John M'Kinley, a native of Ireland, settled and practiced medicine successfully in Wilmington; was elected president of the State of Delaware in 1777; was taken from his house by a party of British soldiers on the night after the battle of Brandywine; was carried to the British frigate *Solebay*, Commodore Griffith, then lying in the Delaware River; was paroled the next year; returned to Wilmington, and died in 1796. An honorable tribute to his memory is inscribed upon his monument.

Dr. James M'Callmont, a native of Delaware, entered the U. S. Navy in 1777; was captured by

a privateer, and narrowly escaped death by exhibiting the Masonic sign to the officer about to send him over the vessel's side; returned to Delaware, and died in 1824.

Dr. James Sykes was one of the most distinguished practitioners of medicine in Delaware. Born in that State, he was graduated in medicine at the University of Pennsylvania. He settled in Dover, Delaware, had an extensive practice, and was declared by Dr. Tilton to be unsurpassed in his day as a lithotomist. On his decease, which occurred in 1822, a memorial highly honorable to his character and attainments appeared in a medical journal published in Philadelphia.

Dr. Henry Latimer was born at Newport, Delaware, April, 1752. He was graduated at the University of Pennsylvania, and in July, 1773, he received the degree of Master of Arts. He commenced the study of medicine in Philadelphia, but finished his studies for the degree in Edinburgh. On his return home he settled in Wilmington, Delaware, but in 1777 was appointed surgeon in the Continental Army, in which position he served his country until the surrender at Yorktown. So valuable were his services that he received honorable mention by General Washington in one of his despatches.

He was elected a member of the Legislature of Delaware after the organization of the State, and afterwards, from 1795 to 1797, was appointed a Senator in Congress, and reappointed in 1797 for the full term. In 1801, however, he resigned his seat on account of the state of his health, and died December, 1819.

If I have unduly occupied the time of the Academy in presenting these sketches, I ask pardon on the ground of having a respect (which perhaps may be a natural infirmity), for the memories of those venerable men who laid the foundations of our profession in Delaware, and left behind them the evidences of devotion to their profession, to their fellow-citizens, and to the welfare of the nation, by sea and land.

It does not seem just that the memories of such men should pass into oblivion, even elsewhere than in their own State, although the rush and worry of the present age might scarcely stop to look upon their gathered remains. These few mementoes are therefore put together to revive and embalm their virtues for a while, and thus to distinguish them from the throng which have lived and died with no thought beyond the accomplishment of their own selfish purposes.

DISCUSSION

DR. L. J. JONES (Wilmington): My remarks are not very important. While I was listening to Dr. Forrest's paper it occurred to me it might be well for us to incorporate in any of these memoirs of the early medical practitioners in Delaware the fact that a native of New Castle was the first graduate in medicine in America. I think his name was John Allen. His portrait is in the lobby of the University of Pennsylvania, as he was the first graduate of the University of Pennsylvania Medical School, and inasmuch as that was the first medical school in this country, this man was the first graduate in medicine in this country, that is, the first man who received his degree from an institution. He afterwards practiced in New Castle and I believe in Wilmington, and I think that he afterwards was on the faculty at the University of Pennsylvania. I have his history in a class book at home.

His great-grandson was a member of my class at Pennsylvania and had the same name and that is why this was brought to my attention.

DR. M. A. TARUMIANZ (Farnhurst): In the first place, I congratulate Dr. Forrest in bringing up this wonderful paper of our forefathers of medicine in this country. I also wish to add that I read the paper from A to Z and I found that our forefathers in medicine took more interest in literature and in better language than we use today. Their English and also Greek and Latin, as free as they used it at that time, is most marvelous and forms some of the best literature I have read.

I feel that this should encourage us in our future medical education, both pre-medical and medical, but we do not have enough time for reading good literature, not only medical but that of a general character. I am speaking from my own standpoint, from my own experience. I feel that we medical men should try to elaborate our language, not only from the standpoint of medicine, but from the standpoint of literature.

DR. L. S. CONWELL (Camden): I should like to hear the reasons for his not believing that yellow fever was contagious.

DR. FORREST: It will be printed in the MEDICAL JOURNAL.

DR. CONWELL: Probably he was far in advance of his time. There was a long period of time when it was considered very contagious. It is no more contagious than syphilis and some other infections which have a direct cause for getting into the blood. A contagion should be

considered a disease that can be transmitted from one person to another by presence or contact, so he was not so far wild, in my judgment, in claiming that yellow fever was not a contagious disease.

DR. W. E. BIRD (Wilmington): In connection with that you will recall the efforts made by the profession in Wilmington three or four years ago to have the name of Eighth Street Park changed to Tilton Park. It seems, as pointed out by the paper, that Dr. Tilton was an outstanding figure of his day. I believe he was well ahead of his time, and Delaware has given him no mark of recognition except a small monument in the Wilmington-Brandywine Cemetery, which was allowed to become somewhat dilapidated.

Eighth Street Park really means nothing except that Eighth Street is one of its boundaries, and if the City Council had agreed to change the name to Tilton Park, the Medical Society was to erect a fitting memorial, stating thereon some of the high lights in Dr. Tilton's life. As I recall the matter, I went before the Council, among others, and informed them that Dr. Tilton was the first Surgeon-General of the U. S. Army after the adoption of the Constitution. That was in our routine establishment of the medical affairs of the Government and it was long before there was a Navy Department. Dr. Tilton was a pioneer and was personally selected for the position by George Washington. I think the time should come again when we should make an effort to have a suitable memorial to Dr. Tilton as a medical pioneer. His is the biggest name in the State's medical history.

DR. P. W. TOMLINSON (Wilmington): I want to make one remark regarding Dr. Tilton for the edification of the audience. Dr. Tilton built the home that was owned by the late Mrs. Daniel Bush, overlooking what is now the city.

DR. FORREST: Dr. Tilton was undoubtedly one of the leading men in the profession in the early days of the history of the practice of medicine in Delaware, but evidently from this paper read by Dr. Bush, Dr. Edgar Miller was also one of the leading men and probably was more active than Dr. Tilton in the conduct of the Medical Society of Delaware. As follows through the whole history of the Medical Society of Delaware, as I can get it, the secretary must be the active man in the conduct of affairs and in looking out for the advancement of the Medical Society.

AGRANULOCYTIC ANGINA*

LEWIS B. FLINN, M. D.,
WILMINGTON, DEL.

Agranulocytic angina or agranulocytosis or Schultz's disease, first described by Schultz in 1922, is a most interesting clinical entity. It is one which is undoubtedly being overlooked except in those severe cases which usually are found in hospitals and which give this disease its accredited mortality of 96%. In March, 1929, we were fortunate in observing a comparatively mild case which was treated at home and recovered.

There have been perhaps 150 cases reported since 1922. Kastlin, in 1927, collected 43 with 3 recoveries and Hueper, in December, 1928, 125 cases with 6 recoveries. The disease is more common in females. The onset is usually abrupt with high fever and extreme prostration; the patient as a rule grows worse rapidly and death results after a coma of two to seven days' duration. Stomatitis is always present. There may be enlargement of lymph glands, liver or spleen. Jaundice is common. Petechiae are rare but hemorrhage from sloughing mucus membranes is not infrequent. The hematological changes are unique. There is an almost complete absence of all granular cells; a leucopenia of varying degree sometimes less than 1000 with 95 to 100% lymphocytes; polymorphonuclear, neutrophils, eosinophiles, and basophiles and large mononuclears are practically absent.

Blood platelets are normal or diminished slightly without change in coagulation or bleeding time. Occasionally there is also a slight secondary anemia, but no immature blood cells are found. The etiology is still obscure. The disease occurs not infrequently in a period of seemingly good health and hence is not necessarily secondary to some other debilitating infection. Whatever the agent it certainly seems to act primarily on the bone marrow for the stomatitis must be the result rather than the cause of the leucopenia. The triad of extreme prostration, stomatitis and this peculiar blood picture are pathognomonic.

CASE REPORT

In March, 1929, a Jewess, 28 years of age, came under our care. She was not strong as an infant, but never had any serious illness. Tonsillectomy was performed in childhood. Seven

years ago she had some vague intestinal disturbance which was undoubtedly a neurosis. Her first child was born without mishap December 19, 1928. The puerperium was uneventful except for a very low grade fever, weakness and nervousness. Six weeks after delivery she contracted influenza. She was ill 6-7 days; no blood examination was made. Ten days later there was a relapse of 3-4 days, which clinically was typical influenza. Ten days after this relapse when the child was three months old, a blood examination gave findings within the limits of normal variation. One week later she suddenly became ill with a temperature of 103 degrees, extreme prostration, mental depression, pharyngitis and spongy bleeding gums. No enlarged glands, liver or spleen; no petechiae, no pharyngeal ulcerations, no dysphagia, no gastro-intestinal symptoms and no subjective symptoms except sore mouth and weakness. Blood pressure 102/78. No cardiac murmurs. Widal negative, blood culture negative. No smear was made for Vincent's angina, but clinically there was no resemblance.

	12/19/28	Normal childbirth 7-6 3/6	3-25 3/25	2/4/29 3/28	Influenza 4/5	2/25/29 4/12	Relapse 4/19
Hb.	84			78	79	80	76
R. B. C.	4.3			3.9	3.9	4.1	4.0
W. B. C.	8000	6000	5000	9700	14500	8000	
P. M. N.	59	3	5	30	60	65	
S. M.	37	92	92	65	35	29	
L. M.	3	4	2	4	3	4	
			T. 103°	T. 99°			

COURSE

Temperature normal in 48 hours. Gradual gain in strength over a period of weeks with prolonged bed rest and general upbuilding measures. Blood examinations according to the accompanying chart.

DIFFERENTIAL DIAGNOSIS

There are a number of diseases similar in some respects to this syndrome which might be confusing in diagnosis.

1. Specific poisons such as thorium, benzol or X-ray. These in overdosage cause a leucopenia, but *with* granular cells and *without* a characteristic clinical picture.

2. Acute aleukemic leukemia—In this disease there is a leucopenia, but the granular cells are not absent, there is an accompanying anemia with immature forms and hemorrhage is frequent.

3. Monocytic angina or infectious mononucleosis. This is the most confusing disease to differentiate, but error is not likely if one remem-

* Read before the Medical Society of Delaware, Farnhurst, October 9, 1929.

bers the following points which Longcopse emphasized in his most comprehensive article in 1922:—

1. There is usually an upper respiratory onset.
2. There is no localized stomatitis.
3. This disease is of short duration and practically all cases recover.
4. The blood picture—in infectious mononucleosis there may be a leucopenia at the start, but without decreases in granular cells. Eventually there is a leucocytosis with an absolute and relative increase in the mononuclear cells, not a decrease in the granular cells. The mononuclears in the few cases with leucopenia reach no higher than 40%. By mononuclear cells are included (a) small lymphocytes (b) large mononuclear or transitional cells (c) a large mononuclear peculiar to this disease which takes the oxydase stain.

CONCLUSION

The syndrome of agranulocytic angina with the diagnostic problems involved has been briefly discussed and a case treated outside of a hospital with recovery has been cited, in the hope that other even earlier cases may be studied which will lead to the discovery of the etiological agent and eventually to a specific therapy.

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DR. W. E. BIRD (Wilmington): I should like to ask what theories are held as to the etiology.

DR. FLINN: Practically none, except that there is some etiological agent which is not known which affects, certainly from what can be guessed at, the bone marrow, which seems to lower the resistance entirely, so that the lime of the tissues and probably endothelial system furnish all of the white blood cells and the bone marrow which is the origin of the granular elements. Autopsies have been performed on many of the cases without gaining any more information than that.

DIAGNOSIS, TREATMENT AND MANAGEMENT OF ECLAMPSIA AS MET IN GENERAL PRACTICE*

U. W. HOCKER, M. D.,
LEWES, DEL.

Eclampsia is a term applied to convulsions, tonic and clonic in character, the foundation of which is laid in processes connected with pregnancy, labor and childbed, and excludes the convulsions due to hysteria, true epilepsy and cerebral lesions, which occurrences in pregnancy are to be regarded simply as accidental complications.

In Eclampsia there is loss of consciousness during the attacks, with at first a disturbance of the intellectual faculties in the intervals, afterward deepening in severe cases, into coma. Eclampsia is, fortunately, a tolerable rare event. Its estimated frequency is in about the proportion of once in every five hundred pregnancies.

In a majority of cases, though not invariably, premonitory symptoms announce impending outbreak. Of these, the most important are headache, often in one side, vertigo, loss of memory, gloomy forebodings, flashes of light before the eyes, contracted pupils, ringing the ears, nausea, vomiting, oedema of face and of the extremities, and finally of first importance, the presence of albumen in urine.

The attacks resemble those of epilepsy and when they occur during labor, the first convulsion is often preceded by a short calm, in which the patient ceases to complain, closes her eyes and seems to have sunk into a peaceful slumber. This deceitful truce, which should always excite the keen attention of the physician, is followed in a few minutes by convulsive movements. The movements, as a rule, are more pronounced in the upper than in the lower extremities. The jaws are closed, the eyes fixed, the pulse becomes small and intermittent, the respiration is suspended, the body becomes covered with cold, clammy perspiration and often involuntary micturition and defecation takes place.

The tetanic condition, after lasting from twenty to thirty seconds, gradually diminishes in intensity. The number of seizures in a single day may, however, be exceedingly numerous. I have seen as many as sixty-five and have seen reported as many as one hundred and sixty.

* Read before the Medical Society of Delaware, Farnhurst, October 9, 1929.

In favorable cases, after the expulsion of the ovum, the attacks cease or diminish in frequency and intensity, the pulse and respiration become quiet and the coma passes gradually into quiet slumber; on awakening the patient complains of headache and impaired memory and possesses no recollection of the peril through which she has passed. But after consciousness returns, the danger is still not ended, as Eclampsia predisposes to post-partum hemorrhage and to puerperal inflammations or enfeebled mental condition.

The prognosis is always serious. The earlier the convulsions occur in labor, the more unfavorable the prognosis. The longer the labor the more difficult the delivery, the deeper the coma the greater the insufficiency of the kidneys, the more depressing is the outlook. It is very rare for the convulsions to cease previous to the expulsion of the child. Convulsions occur more commonly in primiparae than in multiparae, especially in elderly primiparae in twin pregnancies and in women with contracted pelvis.

The occasional examination of the urine of pregnant women is to be regarded as an indispensable precaution. Persistent albuminuria calls for special prophylactic treatment, for though, convulsions are not to be regarded as a necessary consequence of nephritis, the presence of renal disease immensely increases the danger of sudden acute suppression. Nephritis is, moreover, apt to be aggravated by the pregnant state. Every precaution should be taken, therefore, to remove from albuminuric patients all sources of mental excitement, to ward off attacks of indigestion and defend them from cold. The diet should also be closely watched.

If cerebral symptoms threaten the outbreak of convulsions, the nervous irritability should be held in check by rectal injections of chloral and bromide of potassium, and a hydrogogue cathartic should be promptly administered.

When, however, in spite of palliative measures, and hygienic precautions, the uraemic symptoms have steadily progressed, the question comes up for decision, whether to persevere in a plan of treatment designed merely to ward off impending danger, or whether to place a patient, without delay, in a position of relative safety by the induction of premature labor. The interruption of pregnancy being regarded as an extreme measure, we are often liable to procrastinate, but my own convictions are clear, that, so soon as grave cere-

bral symptoms develop, the period of folded hands has passed.

To relieve or to at least alleviate the convulsions, we should lower the arterial tension, diminish to the fullest extent, practicable, the irritation of the vasso-motor and convulsive centers, and restore as far as possible the kidneys to their normal function.

I have much faith in venesection as it is rapid in its action and renders the patient more susceptible to the influence of other remedies, and it forms, therefore, naturally the first step in the treatment of convulsions. Following this, by the use of morphia, chloroform, chloral and bromide as needed.

Veratrum viride in large doses as a substitute for blood letting is highly recommended by some physicians, repeated at short intervals, until the pulse is soft or vomiting sets in, and then in smaller doses in order to keep the pulse below 50 to the minute. My own experience with the drug has not been satisfactory before delivery.

The relief to be obtained from chloral, bromide and catharsis is, as a rule, of short duration and we cannot afford to continue these to the end of gestation, nor are we sure the first fortunate results can be duplicated, moreover, it is necessary to take cognizance of the well-being of the foetus, which is threatened by the continued circulation of the urea in the maternal blood. Under such conditions as this, I believe we should proceed to interfere and bring about the expulsion of the foetus. The method we adopt will depend upon the period of gestation. If the period of gestation is near the end and we cannot make delivery by the usual methods in a reasonable length of time, we should not hesitate to deliver the foetus by Caesarean section.

In the treatment of convulsions during the childbed period, very satisfactory results have been obtained from the use of opium, chloral, bromide, veratrum or digitalis, keeping the bowels freely moved by the use of magnesium sulphate, and the application of ice bag to head.

CASE REPORTS

(from the Beebe Hospital)

Case No. 1.—Symptoms: 1. Headache; 2. Visionary disturbances; 3. Dizziness; 4. Swelling of feet and ankles. No convulsions. Treatment: Caesarean Section. Result: good.

Case No. 2.—Symptoms: 1. Hypertension; 2. Headache; 3. Epigastric distress. Convulsions for several hours before admittance. Treatment: Sedatives, veratrum, salt-free diet, etc.; later, Caesarean Section. Results: good.

Case No. 3.—Symptoms: 1. Headache; 2. Hypertension; 3. Epigastric distress; 4. Swelling of whole body. Eleven convulsions within 8 hours. Treatment: Delivered. Result: expired.

Case No. 4.—Symptoms: 1. Hypertension; 2. Headache; 3. Albuminuria; 4. Epigastric distress; 5. Oedema of whole body. Three convulsions before admittance. Treatment: Sedatives, purgatives given, ice bag to head, etc.; delivered. Result: good.

Case No. 5.—Symptoms: 1. Epigastric distress; 2. Headache; 3. Swelling of whole body; 4. Hypertension; 5. Albuminuria. Five convulsions before admittance; one after delivery. Treatment: Precipitate delivery. Result: good.

Case No. 6.—Symptoms: 1. Oedema of whole body; 2. Albuminuria. Several convulsions before admittance. Treatment: Forceps delivery. Result: expired.

DISCUSSION

DR. G. FRANK JONES (Georgetown): How many times is it safe to perform the Caesarean section on the same patient?

DR. HOCKER: It has been done six times.

DR. P. W. TOMLINSON (Wilmington): I want to say that the remedy I think best is elimination by venisection. If postpartum hemorrhage comes on, don't be in too great haste to arrest that hemorrhage.

DR. JOSEPH BRINGHURST (Felton): Dr. Hocker was telling about his first case without any premonitory symptoms whatever. My last case had none. Two or three years ago, I was called to see a young woman with her first child and I persuaded her to go to the hospital. She didn't want to go. She had had no pre-natal care at all. I did not know she was pregnant. There was no trouble in delivery. She had a natural delivery, but about fifteen minutes after, her convulsions began, and she died. She had no premonitory symptoms.

DR. W. E. BIRD (Wilmington): Mr. President, there is a question of whether the Caesarean, as brought out by the Doctor, may be done prematurely, although it unquestionably has saved life. It is my impression that Williams, at Johns Hopkins, for the last eight or ten years has abandoned emptying the uterus as a routine procedure, preferring venesections and replacement with intravenous saline injections, plus forced colonic irrigation. This is the Stroganow method, and by that method the mortality rate has been cut in half at the John Hopkins Hospital.

PRESIDENT LAMOTTE: Dr. Hocker will now close his paper.

DR. HOCKER: I have nothing more to say.

The Breed of Men

By ROSE TRUMBELL

You talk of your breed of cattle
And plan for a higher strain,
You double the food of the pasture,
You heap up the measure of grain;
You draw on the wits of the nation
To better the barn and the pen
But what are you doing, my brother,
To better the breed of men?
You talk of your roan colored filly,
Your heifer so shapely and sleek,
No place shall be filled in your stanchions
By stock that's unworthy and weak.
But what of the stock of your household,
Have they wandered beyond your ken
Or what is revealed in the round-up
That brands the daughters of men?
And what of your boy? Have you measured
His need for a growing year?
Does your mark of his sire on his features
Mean less than your brand on a steer?
Thoroughbred—that is your watchword
For stable and pasture and pen,
But what is the word for the homestead?
Answer, you breeder of men? —*Health News.*

Sussex County Items

Banquet of the Sussex County Medical Society was held Thursday, December 12, at the Acorn Club, Seaford, in connection with the regular month'y program and business meeting. The society was the guest of Drs. William F. Haines and Bruce Barnes.

Dr. C. A. Sargent, Dover, read a paper of unusual interest on "Scarlet Fever".

During the business meeting, Dr. William F. Haines, Seaford, was nominated and elected president of the society for the coming year. Other officers elected were Dr. K. J. Hocker, Millville, vice-president; Dr. G. Frank Jones, Georgetown, secretary-treasurer.

The retiring officers are Dr. R. C. Beebe, Lewes, president; Dr. G. Frank Jones, Georgetown, vice-president; Dr. J. B. Waples, Georgetown, secretary-treasurer.

The standing committees appointed were:

Entertainment: Dr. Bruce Barnes, Dr. G. Frank Jones, Dr. U. W. Hocker.

Visiting: Dr. W. F. Haines, Dr. Robert Hopkins, Dr. K. J. Hocker.

Nominating: Dr. U. W. Hocker, Dr. O. V. James, Dr. H. M. Manning.

Mobile Right Colon

W. R. HOUSTON, Augusta, Ga., (*Journal A. M. A.*, Sept. 7, 1929), reports the case of a patient, aged 20, a tall, graceful, vigorous, high-spirited girl, not markedly of enteroptotic habitus, who had always been well, not constipated, and fond of outdoor exercises, but while in France acquired an acute diarrhea that lasted a week. After this she was never well. On her return, she was pale, her eyes had a yellowish cast, her skin was muddy. She had no appetite, and she was uncomfortable after eating. Gastric acidity was low, and constipation marked. There was great tenderness over the cecum. Her most distressing symptom was a profound asthenia. Though her eyes were normal to tests, she could not read without pain. She had constant headaches and insomnia. A consultant advised appendectomy. At the operation there was disclosed a perfect example of Jackson's membrane sweeping over the whole ascending colon. The appendix was definitely pathologic. Its removal brought no alleviation of symptoms. Attempts to revise the medical management were made, but unavailing. Finally, he family insisted that a new operative method for colopexy be tried. The convalescence from the operation was slow but steady. After a year of invalidism the patient regained finally all her former vigor and has never been sick since. Since that time 145 colopexies have been done. These operations were carried out on only a very small proportion of the patients that had a mobile right colon. Twenty patients had had a previous appendectomy; some had had cholecystectomy, removal of a right ovary, or an operation for adhesions. There has been no operative mortality in the series. On the whole, the results have been satisfactory—considerably more satisfactory than the ordinary plastic operations of gynecology. Some patients, particularly those whose condition simulates chronic appendicitis, are immediately relieved of pain. Others in whom the neurotic habit is well established will require considerable postoperative medical management. After the colon is fixed the medical management is easier. The tendency to relapse after a cure is greatly lessened. Dyspeptic symptoms disappear. The pains that simulate gallbladder or duodenal disease subside. The asthenia is more readily combated. Most of these patients might have been successfully treated medically. A small proportion probably required surgical treatment. Some can scarcely be cured without surgery.

Serum Treatment in Type I Lobar Pneumonia

The evidence based on experimental studies made by RUFUS COLE, New York (*Journal A. M. A.*, Sept. 7, 1929), that immune horse serum should be useful in the treatment of pneumonia due to pneumococcus type I, is supported by the clinical experience of the Hospital of the Rockefeller Institute in which, among 431 cases, only forty-four died. A review of the fatal cases indicates that if serum therapy was not effective in this group of cases no other form of specific treatment would likely be of much greater value. It is possible that more prompt diagnosis of the type of infecting organism and more regular and persistent administration of serum might have saved a few more patients. The present method of treatment with large doses of serum is not ideal. Various methods have been used to concentrate the immune substances contained in the serum. With concentrated serums, accurate methods of standardization are demanded. The methods now being used present certain difficulties, and it is seriously questioned whether by these methods a picture of the actual effectiveness of the product can be obtained. It is doubtful whether the small doses of concentrated serum which have been recommended can have any effect on the mortality from pneumonia. Unless very large doses of concentrated serum are employed, or unless some more accurate method of standardization is adopted, it is better to continue to treat cases of type I pneumonia with good, whole serum in large doses.

Acute Ascending Paralysis and Myelitis Due to Virus of Rabies

RALPH E. KNUTTI, Nashville, Tenn., (*Journal A. M. A.*, Sept. 7, 1929), reports a case of an ascending paralysis due to an acute destructive rabic myelitis. The diagnosis is based on the presence of Negri bodies in ganglion cells of the spinal cord, and on the development of rabies in inoculated rabbits. This case is believed to be unique in its pathologic anatomy. An attempt should be made to establish the etiologic agent of every case of a similar nature not only by bacteriologic studies but, in those terminating fatally, by inoculation of rabbits and monkeys with spinal cord to establish the presence of rabic, poliomyelitic or other viruses.

EDITORIAL

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Vol. 1 DECEMBER, 1929 No. 12

for six months beginning in January radio talks will be given by members of this society. These talks will come as talks from the society and not as from any individual. No individual's name will be announced. The public should know lots of things about medicine they do not know and if they are not educated correctly by those who are qualified to do so, they will be, as they have been, by those who are not—by cultists, drugless healers, fanatics, etc.

Now let us work together to perpetuate our splendid traditions and attainments. There is probably less jealousy and less criticism of our fellow practitioners today in Delaware than in many a day. This is as it should be. "To err is human, to forgive divine." The indications are that this wholesome spirit will continue.

Now a word for the Journal. Its success has been greater probably than anybody anticipated. Witness the report of the committee at the Annual Session of the Society. The business manager surprised you all. The Editor has worked hard also and he has always attempted to comment fairly on subjects of value and interest and to put before us local and general occurrences that might otherwise have escaped some. Let each county society have some of its members produce papers, which they are eminently qualified to do, that will during the next year grace our Journal.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

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Whenever possible, the goods will be advertised in our pages but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve you.

The new fee schedule has gone into operation in Wilmington and seems to be working well, despite much prattling on the part of some of our public. The page of letters from the public which appeared in THE STAR the Sunday following the November meeting of the local Society carried four letters of the type that was expected. Most of them seemed to misunderstand the

The outgoing President of the Society wishes to felicitate the officers for 1930 and to extend to them and the other members his greetings and best wishes for the coming year.

Our society has selected their representatives and it is our duty to support them and so support the organized medical profession. We know that we physicians are individualists and hard to lead. If we do not follow definite decisions of our Society of the chosen representatives how can we expect laymen to do so or even to respect us as we would like to have them do and as they should do?

Who is qualified to advise and lead in medical affairs if the properly trained physician is not? And who should educate the public in such matters, if not the one who is best trained and best informed? Probably the most constructive public health educational program by the profession in Delaware has just been adopted by the New Castle County Medical Society. Twice monthly

workings of the schedule; despite the wide publicity given it, many of the comments, while caustic, were ludicrous. Perhaps we expected too much intelligence in the public mind, for in the editorial columns of the same issue of THE STAR there is evidence of none too large an understanding of things medical.

However, the net result so far of the slight increase in night charges has been to secure for the physicians a modest drop in such calls, which is compensated for by the increased chance for short recreation and better sleep.

The Physicians' Credit Bureau is lining up its program, and its list of subscribers grows apace, there being about 70 physicians now on the roster. We hope the necessary number to start operations may soon be obtained, as the scheme, having been adopted by the local medical society, should be given a prompt and fair trial. Many believe it will succeed.

This issue completes the first volume of the new series of this JOURNAL. We believe from what we have heard, that our constituency are satisfied that we are going ahead, and we hope to make one remark regarding Dr. Tilton for the vance. An innovation this year is the index for the volume, which is published in this issue.

And now may the Editor extend to one and all his sincere best wishes for a Merry Christmas and a Happy New Year.

Speaking of the New Year, and its usual resolutions, we more than hope that each of the medical societies will succeed beyond their expectations. We wish for them the finest series of meetings they have ever had; and we wish for ourselves a complete and prompt report on all of them, together with a copy of all papers read.

DELAWARE PHARMACEUTICAL SOCIETY

RESTRICT PROFESSIONAL RIGHTS

That pharmacy is not the only profession now faced with the serious problem of corporate invasion of its ranks was clearly manifested during the recent annual meeting of the American Medical Association, when the following resolution was introduced in the House of Delegates and promptly adopted by that body:

"WHEREAS, the House of Delegates at its last annual meeting without dissent, voted that the practice of medicine was not the proper function of corporations, and that the American Medical Association should use its utmost endeavors to stop this growing abuse; and

WHEREAS, there is a rapidly growing tendency of organizations controlled by laymen to enter into the practice of medicine; and

WHEREAS, there are numerous new problems arising from this movement having to do with the relationship of physicians with each other, with the public, with industry, and with the government; therefore be it

RESOLVED, that the Judicial Council of the American Medical Association be asked to present to the session of the House of Delegates at the meeting of 1930 a comprehensive statement for the guidance of the American Medical Association concerning the practice of medicine by corporations, by clinics, by philanthropic organizations, by industrial organizations, by demonstrations, and by similar organizations, and concerning the relationship of physicians thereto; and that this present House of Delegates meet in special executive session to give preliminary consideration to this subject."

We are not informed as to what action, if any, was taken upon this resolution when the House of Delegates sat in executive session to consider the proposal, nor can we do more than surmise what the Judicial Council of the A. M. A. will recommend to the House of Delegates when its report is submitted to that body at the annual meeting next year, but it may be regarded as a foregone conclusion that eventually the medical profession as a whole will present a united front in opposition to the practice of medicine by proxy, and it is equally safe to assume that any additional legislation that may be found necessary to clarify this situation and prevent corporations from practicing medicine will be fully sustained by the courts as a proper exercise of legislative authority in regulating matters affecting public health.

We believe the action taken in this instance by the House of Delegates of the A. M. A. to be in line with sound public policy and, therefore, a step in the right direction.

We might call attention to the fact that this proposal is quite in keeping with recent efforts of organized pharmacy to restrict the practice

of pharmacy to duly qualified pharmacists registered under the law of the respective states, and it may be further observed that the legal profession has recently sought to restrain corporations from practicing law, thus indicating quite conclusively that the problem with which pharmacy has been wrestling for some time past has also taken root in other professional fields. When the legal and medical professions come squarely forward and assume their proper positions on the firing line in the battle against corporate invasion of professional ranks, the pharmacists of the nation will undoubtedly take on new courage and renew their fight against the practice of pharmacy by corporations or individuals not possessing the necessary qualifications to properly serve the public in such a capacity.

BOOK REVIEW

"The Blood Picture". By Victor Schilling, M. D., Professor of Medicine, University of Berlin. Translated by R. B. H. Gradwohl, M. D., Director of the Pasteur Institute, St. Louis. Seventh and eighth edition. Pp. 408, with 44 illustrations and 4 color plates. Cloth. Price, \$10.00. St. Louis: C. V. Mosby Company, 1929.

This is one of the most interesting, stimulating, and helpful of modern writings about the blood. It is very readable and represents a tremendous amount of work. A large bibliography is appended, and also numerous charts of colored microphotographs of blood pictures. The technique of a complete blood examination is given, as commonly used in this country. The characteristic blood findings in various diseases are briefly discussed. The theory of blood formation is touched upon. In addition, less common blood examinations, such as the sedimentation test, the gutta-diaphot, vital staining, etc., are explained with illustrations. The outstanding theme, however, is the emphasis placed upon the leucocytic differential count, a point which is deserving of more attention than is commonly accorded it in America. In brief, Schilling presents a practical modification of Arneith's nuclear shift. This is included in the routine hemogram. Many cases of all types of disease are cited to prove the efficacy of this laboratory procedure in diagnosis and especially prognosis. The book, however, could be more convincing if statistics on a large group of similar cases were given instead of a long list of selected cases of all kinds of disease. Nevertheless it is a book worthy of more than passing attention.

"Diseases of the Chest and the Principles of Physical Diagnosis." By George W. Norris, M. D., and Henry R. M. Landis, M. D., Sc. D., Professors of Clinical Medicine, University of Pennsylvania. Fourth edition. Pp. 954, with 478 illustrations. Cloth. Price, \$10.00. Philadelphia: W. B. Saunders Company, 1929.

This work is divided into three parts. Part 1.—The examination of the lungs. Part 2.—The examination of the circulatory system. Part 3.—Diseases of the Bronchi, Lungs, Pleura and Diaphragm. Parts 1 and 2 are ably covered and the

important signs stressed in detail, while those of no practical diagnostic value are either merely mentioned or omitted entirely. Part 3 is an excellent description of the various diseases pertaining to the respiratory systems, and includes etiology, morbid anatomy, symptoms, physical signs, and diagnosis, with laboratory and X-ray findings. The illustrations are helpful, several of which are photographs of frozen sections of the cadaver. The treatment of these subjects is accurate and thorough. The book, being a leading authority, is an excellent guide and reference, not only for the specialist in this field of work but also for the general practitioner.

"Clinical Medicine for Nurses." By Paul H. Ringer, M. D. Third edition. Pp. 330, with 16 illustrations. Cloth. Price, \$3.00. Philadelphia: F. A. Davis Company, 1929.

For the modern nurse, this revised edition of Ringer's work is an outstanding aid. It embraces a description of the more prominent diseases to which a nurse is professionally exposed and is written clearly enough for lay perusal. Of course, to the physician, it only repeats something known and well grasped, but to the nurse, a person without long training, it offers a practical help. The clearness of the work and the desire of the author to make it so, is quite apparent. It is first, a most practical book, and second, it has been written without academic profundities. Every chapter is brief, clear, and to the point, and, of most importance, up to date.

The chapter on tuberculosis is exceptionally clever and is very interesting to read. Without going into labored detail, Ringer simply states that "wine, women and song", particularly the first two named, furnish the most fertile soil for the development of the disease. Thus stated, the meaning is clear and well defined and needs no further appendage. Of course, this is all very elementary to the trained mind, but for the studying nurse, such phraseology is welcome. It gives her a clarified idea of the fundamental characteristics of the disease. Ringer pursues the same objective throughout the book. I heartily recommend it as a distinct contribution to the literature of medicine for nurses.

Factors in Recovery From Tuberculosis

ROBERT A. PEERS, Colfax, Calif. (*Journal A. M. A.*, Nov. 9, 1929), asserts that the factors involved in recovery from tuberculosis are many. They include not merely early diagnosis, which, while of extreme importance, is but a small part of the picture. Other factors include the type of disease, whether chronic or acute; the mental reaction of the individual to his disease; his ability to cope financially with the element of time, and, last and most important of all, the specific reaction of his body cells—his resistance or lack of resistance to the toxins of the tubercle bacillus.

Early Diagnosis of Pregnancy

The diagnosis of uterine pregnancy is readily made after the first two months of gestation in the average case, and in experienced hands an almost positive diagnosis is often possible during the first eight weeks of pregnancy. It is often of importance to make an early diagnosis between normal pregnancy and various pathologic conditions, notably fibromyomas of the uterus, extra-uterine pregnancy, inflammatory tumors and ovarian cystoma. MARION DOUGLAS, Cleveland (*Journal A. M. A.*, Aug. 10, 1929), emphasizes a sign that can be recognized by pelvic examination in a high percentage of cases in the first month of pregnancy. The sign is as follows: In the vast majority of cases within a week or ten days after the first missed period, a slight resilience or elasticity of part of the fundus may be felt on manual examination. The vaginal finger moves its way, step by step, advancing up the anterior uterine wall. By careful palpation through the bladder, the uppermost point of the cervix is felt, above which is the slight depression marking the site of the future lower uterine segment. This is the forerunner of Hegar's sign. The upper part of the uterus may feel hard, firm and "like a potato", but immediately below this on the front of the fundus uteri the rubbery elasticity may be made out extremely early. If the finger is pressed firmly into the uterine musculature at this point or just above, it may be felt by the examiner to be making an indentation or depression in the musculature beneath its palmar surface. If the finger is moved to the side and returned to the original point of pressure, the depression made by the finger may be felt clearly to persist in the uterine musculature. The impression is that of "pitting edema." Under ordinary circumstances this effect cannot be reproduced at all on normal non-pregnant uterine musculature. In observations made in approximately forty cases of early pregnancy, in which a diagnosis had not yet been made, the sign was elicited in 60 per cent of cases within three weeks after the first missed period and in many of these within the first week. Further observation of these forty cases proved pregnancy in more than 90 per cent of cases in which the sign was positive. The explanation of the phenomenon of the changed consistency and the persistence of a compressed area in the uterine muscle is probably merely the heightened vascularity of the uterus and increased boggy of its musculature. This sign has been extremely valuable in the diagnosis of uterine pregnancy in early cases in which "bellying" of the uterus is slight and before the globular shape and anteroposterior diameter increase have become demonstrable. Douglass feels fairly confident in saying that this is a reliable sign of early gravidity and that it frequently occurs when there are no other signs in the uterus which might make a diagnosis possible.

Diagnosis of Self-Inflicted Lesions of Skin

The case presented by JOHN H. STOKES and VAUGHN C. GARNER, Philadelphia (*Journal A.M.A.*, Aug. 10, 1929), is illustrative of presumably self-inflicted injury to the skin in an hysterical subject confused with Raynaud's disease and treated by multiple amputations over a period of nearly twenty years. Self-inflicted lesions of the skin may be classified under the heads of neurotic excoriations

and postural or habit spasm dermatoses; feigned eruptions in hysterical subjects, and malingering. The self-inflicted lesion of the skin can be identified by certain physical criteria, plus a study of time-sequence factors, plus appraisal of the neurologic and psychiatric state of the patient, plus evaluation of the motive. Foremost in physical characteristics are the bizarre shape, pattern and distribution of lesions and scars and their limitation to accessible regions of the body. The preponderance of burns (from 40 to 60 per cent) is also a notable fact. The facies of the neurotic, the hysterical and the malingering patient is an important but not an infallible aid to diagnosis. Various symptoms of hysteria form the chief elements in the neurologic background of feigned eruptions. Of these, anesthetics, functional eye changes and attacks of somnambulism and altered personality are the most important. The motivation of the malingerer may be moral, religious, intellectual, economic or sexual stress. The act of self-infliction may be detected by the technic described as "cathartic confrontation" and hospital observation. There are many difficulties of diagnosis and much time may be required for a conclusive demonstration. There are differential considerations to be taken into account, such as those involved in the reported case, including Raynaud's disease and neurotrophodermatosis.

Meningococci Alive in Spinal Fluid Twenty-six Hours After Embalment

HUNTINGTON WILLIAMS, Albany, N. Y., REGINALD VAN WOERT, Ravena, N. Y., and VICTOR W. BERGSTROM, Albany, N. Y. (*Journal A. M. A.*, Aug. 10, 1929), report the case of an 8-year-old child from whose spinal fluid taken postmortem live meningococci were isolated. The child had died on the fourth day of illness. The body had been embalmed (cavity method) for twenty-six hours when the spinal puncture was made. Thirty hours had elapsed from the time of death until the spinal fluid was examined in the laboratory. The meningococci did not belong to any particular type, but agglutinated polyvalent antimeningococcus immune serum. Postmortem spinal puncture has been shown to be of value in differential diagnosis, even after embalment has been completed.

Desiccated Stomach in Treatment of Pernicious Anemia

CYRUS C. STURGIS and RAPHAEL ISAACS, Ann Arbor, Mich., (*Journal A. M. A.*, Sept. 7, 1929), report on three patients in whom whole desiccated hog stomach and hog stomach defatted with petroleum benzin produced a satisfactory hematopoietic remission in pernicious anemia.

Antianemic Factor in Desiccated Stomach

ELWOOD A. SHARP, Detroit, (*Journal A. M. A.*, Sept. 7, 1929), concludes that desiccated whole hog stomach contains an antianemic factor, which leads to additional speculation as to the etiology of pernicious anemia.

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Meets the Third Tuesday

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anz, T. H. Davies.

Membership Committee: John H. Mullin, I. Lewis Chipman,

Emil R. Mayerberg.

Necrology Committee: Joseph P. Wales, L. Heisler Ball,

Meredith I. Samuel.

Nomination Committee: William H. Speer, G. W. K. For-

rest, Dorsey W. Lewis.

Audits Committee: E. Harvey Lenderman, Lewis Booker,

James E. Brayshaw.

Entertainment Committee: George C. McElfratrick, A. J.

Strikol, Joseph R. Russo.

KENT COUNTY MEDICAL SOCIETY—1929

Meets the First Wednesday

OFFICERS

H. V. WILSON, President, Dover.

E. S. DWIGHT, Vice-President, Smyrna.

C. A. SARGENT, Sec. and Treas., Dover.

Censors: C. J. Prickett, Smyrna, 1930; J. W. Martin, Mag-

nolia, 1931.

Delegates: I. J. MacCollum, Wyoming, 1929; I. S. Conwell,

Camden, 1930; C. A. Sargent, Dover, 1931; Alternates: J. S.

Bringinghurst, Farnhurst.

SUSSEX COUNTY MEDICAL SOCIETY—1929

Meets the Second Thursday

OFFICERS

R. C. BEEBE, President, Lewes.

G. FRANK JONES, Vice-President, Georgetown.

J. B. WAPLES, Sec. and Treas., Georgetown.

Committees—No standing committees.

DELAWARE STATE BOARD OF HEALTH—1929

W. P. Orr, M. D., President, Lewes; Mrs. Charles Warner, Vice-President, Wilmington; Robert Ellegood, M. D., State Road; Willard R. Pierce, M. D., Milford; Mrs. Donald S. Ashbrook, Wilmington; Margaret Handy, M. D., Wilmington, and Arthur C. Jost, M. D., Dover, Executive Secretary and Registrar of Vital Statistics.

DIVISIONS

Child Hygiene, Cleland A. Sargent, M. D.; Sanitation, Richard C. Beckett, B. Sc.; Laboratory, Roland D. Herdman, B. Sc.; Brandywine Sanitarium, Lawrence D. Phillips, M. D., and Edgewood Sanitarium, Conwell Banton, M. D.

DELAWARE PHARMACEUTICAL SOCIETY

WALTER L. MORGAN, President, Wilmington.

GEORGE RHODES, Vice-President, Newark.

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PETER BIENKOWSKI, Treasurer, Wilmington.

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